

PARENTAL CONSENT FORM

Achieving together

Please return this document to Mrs Carroll at the academy
by **Friday 22nd April 2022**

NAME OF PARENT	
NAME OF STUDENT	
STUDENT DATE OF BIRTH	
TUTOR GROUP	

	Yes	No
I give consent for my son / daughter named above to take part in the academy's work shadowing programme		
I will take full responsibility for my daughter's/son's welfare on the work shadowing day - Wednesday 18th May 2022		
I understand that no payment in respect of work done, may be made		
Are there are any medical considerations / special needs that may affect the type of placement which would be suitable, please indicate below:		

Parent / Carer Name	
Signature	
Date	

